

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH.

State File No. 195  
Registered No. 530

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 53 Line Oak Canyon Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ancil Munoz { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY In event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Jan. 26, 1926  
Month Day Year

8. FATHER Full name Daniel Munoz 14. MOTHER Full maiden name Concha Roman

9. Residence (Usual place of abode) Miami 15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona If non-resident, give place and state. Arizona

10. Color or race Mex. 16. Color or race Mex.  
11. Age at last birthday 25 (Years) 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Chihuahua 18. Birthplace (city or place) Zacatecas  
(State or country) Mex. (State or country) Mex.

13. Occupation Nature of Industry Miner 19. Occupation Nature of Industry Housewife

20. Number of children of this mother \_\_\_\_\_ (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born at 5A. m. on the date above stated  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature Leyril M. Brown, M.D. Physician (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_ Filed Feb 10, 1926 Registrar P. E. Davis

Registrar

149-126-325